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## BIB DATA SHEET

CONFIRMATION NO. 4716

<b>SERIAL NUMBER</b> 09/326,853	<b>FILING or 371(c) DATE</b> 06/07/1999 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 1135		
<b>APPLICANTS</b> DR VERNON WEN-HAU LIN LIN, MD, CERRITOS, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 08/889,767 07/08/1997 PAT 6,306,078 and is a CON of 08/301,904 09/06/1994 PAT 5,833,595 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 07/01/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JOHN P LACYK/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> FORREST L COLLINS COLLINS,CARY,ASSOCIATES BOX 41040 BRECKSVILLE, OH 441410040						
<b>TITLE</b> TREATMENT OF EXCRETORY PROBLEMS						
<b>FILING FEE RECEIVED</b> 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			